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## BIB DATA SHEET

CONFIRMATION NO. 5972

<b>SERIAL NUMBER</b> 10/597,771	<b>FILING or 371(c) DATE</b> 08/07/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 78104112-N18839		
<b>APPLICANTS</b> Anthony Jones, Oxforshire, UNITED KINGDOM; Duncan Keeble, Oxforshire, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB05/00437 02/09/2005 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0402796.7 02/09/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/30/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MARK F MASHACK/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Intellectual Property Dept. Dewitt Ross & Stevens SC 2 East Mifflin Street Suite 600 Madison, WI 53703-2865 UNITED STATES						
<b>TITLE</b> Endoluminal surgical delivery system						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			